Sliding Fee Scale Policy

To better serve are community Sheridan Community hospital clinic (Sheridan Care) offers a sliding fee scale discount to patients who meet the eligibility guidelines. Sliding fee scale patients are those with household incomes that fall at 100% and below poverty up to > 200% of federal poverty. The eligibility requirements are based on the federal poverty guidelines published annually by the U.S. Department of Health and Human Services.

SHERIDAN CARE
303 Congress Street
Sheridan, MI 48884
Phone: 989.291.5077

Annual Income Thresholds by sliding Fee Discount Pay Class and Percent Poverty					
Poverty Level	100%	133%	166%	200%	>200%
Family Size	Minimum Fee	25% pay	50% pay	75% pay	100% pay
1	\$15,650	\$20,815	\$25,979	\$31,300	\$31,301
2	\$21,150	\$28,130	\$35,109	\$42,300	\$42,301
3	\$26,650	\$35,445	\$44,239	\$53,300	\$53,301
4	\$32,150	\$42,760	\$53,369	\$64,300	\$64,301
5	\$37,650	\$50,075	\$62,499	\$75,300	\$75,301
6	\$43,150	\$57,390	\$71,629	\$86,300	\$86,301
7	\$48,650	\$64,705	\$80,759	\$97,300	\$97,301
8	\$54,150	\$72,020	\$89,889	\$108,300	\$108,301
For each additional person, add	\$5,500	\$7,315	\$9,130	\$11,000	\$11,000

^{*}This sliding fee scale takes effect after the mandated fee of \$40.00 per visit.

Sheridan Care has established a schedule(s) of sliding fee scale discounts based on Figure 1 above. The scales of discounts are available for patients at Sheridan Care, where the patient will receive medical services.

The sliding fee scale discounts can range from 25% to 100% off of the charges for the date of service. If the patient is able to demonstrate that total household size and income results in 100% discount, there is however a minimum fee of \$40 for medical services. Prior to qualification of the sliding fee discount, the patient will be discounted with 20% if paid in full at the time of service until approval for the sliding fee is determined.

Patients will need to inquire for a sliding fee scale application at the time service. Upon Completion and return of the application, the Patient Financial Counselor will review the application and proof of income on a yearly basis. If it is determined that the patient qualifies for assistance the patient will be notified within 14 business days by the Patient Assistant Coordinator.

^{*}For services performed at an RHC site.